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TITLE: Role of Pharmacists in Increasing Sterile Syringe Accessibility: A Formative Study

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OBJECTIVES: Colorado does not have a legally sanctioned needle exchange program and is not a state which requires a prescription for a syringe. As a result, intravenous drug users (IDU) commonly obtain sterile syringes by purchasing them at pharmacies. However, Colorado State drug paraphernalia laws read "Any person who possesses with intent to sell or deliver products under such products could be used as drug paraphernalia commits a class 2 misdemeanor." making access problematic. The purpose of this study was to gauge the attitudes, beliefs, and experiences of pharmacists in the Denver metro area regarding their role in providing syringes to IDUs.

METHODS: Qualitative interviews were conducted with 33 pharmacists in the Denver Metro area concerning their attitudes toward and experience selling syringes to IDUs. Our sampling plan was purposive, pharmacies located adjacent to or in neighborhoods with high incidences of drug use were selected to participate in the study. Pharmacists working at both chain and independent stores were interviewed. The study was conducted in two separate stages by bisecting the city into East and West sides with twenty pharmacies selected from each geographical area. A letter of introduction describing the research institution and funding sources was sent to all pharmacies. If they agreed to participate, open-ended interviews were scheduled with an ethnographer at the pharmacists' earliest convenience. All interviews were confidential.

RESULTS: Among pharmacists interviewed, attitudes toward syringe sales varied with three distinct categories of pharmacists emerging; those that sold all the time, those that sold none of the time, and those that sold some of the time. Those that sold all of the time perceived their role in public health as one of decreasing disease transmission by providing access to sterile injection devices. Pharmacists in this group that were familiar with the law used its' lack of clarity to their advantage. Those that refused to sell interpreted their role as one of enhancing the health of their clients and saw drug use as contradictory to that. Legal interpretation among those familiar with the law in this group, referenced it as justifications for their actions. The final group, among whom sales were situational, expressed a continually fluctuating moral conflict between promoting health by providing access and promoting health by not supporting an unhealthy habit. Strategies for refusing to sell included the request for identification to prove diabetic necessity, only setting in bulk quantities (i.e. boxes of 100), or denying access on the basis of store policy.

CONCLUSION: These attitudes have direct consequences on access to sterile syringes and all pharmacists expressed concern about this issue. In some cases however, pharmacist attitudes and actions were based on misinformation or lack of informed data. We suggest that disease prevention efforts should work with pharmacists to increase the sale of sterile syringes to IDUs, and that pharmacists might consider addressing the issue of providing access to sterile syringes in their professional organizations, in pharmacy school curriculum and in continuing education classes.

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